JOB SATISFACTION OF DENTISTS IN THE PUBLIC SECTOR IN THE WESTERN CAPE

by

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I,

Sidney Lloyd Bailey,

hereby declare that the work contained in this thesis is my own original work and has not previously, in its entirety, or in part, been submitted at any university for a degree.

Sidney Lloyd Bailey

Summary

It can safely be assumed that work is a central part of people's daily activities in modern times, and dentists and other health workers are no exception to this rule. The following benefits have been ascribed to having a job, namely that of being a source of money, activity, variety, temporal structure, social contacts, status and identity in society.

To what extent does the job as dentist in the civil service provide fulfilment of these basic requirements of having a satisfying job? Considering the number of resignations in recent years of state employed dentists and the well known and often reported "brain drain" of South African professionals, it is important to assess the status of job satisfaction amongst our health professionals, especially those within the state employ. These dentists are responsible for the health care delivery to the impoverished masses who make up a large proportion of the South African population.

This study set out to determine the level of job satisfaction among state dentists and how this is perceived by them and reflected in their work performance. It was the aim of the researcher to provide some insight into the working lives of a very important sector of the primary health care providers employed by the Department of Health of the Western Cape Provincial Government. The outcome of the study could be used as a basis for further research in this area.

A survey was conducted among all state employed dentists in the Western Cape, excluding dentists attached to the military or academic institutions. The survey instrument consisted of a structured, quantitative questionnaire as well as an open-ended section for comment on specific issues. Furthermore, an in-depth semi-structured interview was conducted with one dentist in order to write a case report on the work experience of a state employed dentist.

The major findings of this study are the following:

i) The main determinants of job satisfaction revolve around the work environment, and dentists in state employ enjoy staff support, feel good about what they do for patients, and the standard of work done, but are unhappy about income, lack of respect by patients, senior management and colleagues in private practice. Limited treatment options, poor procurement systems and frequent breakdown of equipment affect their sense of job satisfaction negatively.

ii) The level of dissatisfaction is not of such a proportion to persuade them to leave the service, as most dentists would like to remain in their posts. However, most dentists agree that there are no incentives for improving work performance.

iii) Dentists responded to their sense of job satisfaction in different ways. While some admitted that their performance is directly linked to how well it is going at work, a large percentage of respondents reported that they do not allow their work performance to be influenced by their perceived job dissatisfaction.

iv) If we look at the case study, it is evident that perceived satisfaction or dissatisfaction depends on the individual and how he or she views the world. In this particular case the dentist was very realistic about his ambitions as a person and as a dentist, and set goals for himself within these boundaries. The result is that he remains motivated and satisfied.

Opsomming

Dit kan geredelik aanvaar word dat werk die kern uitmaak van mense se daaglikse aktiwiteite, en tandartse en ander gesondheidswerkers is geen uitsondering nie. Die volgende voordele word aan werk toegeskryf: bron van inkomste, aktiwiteit, afwisseling, tydsindeling, sosiale omgang, status en posisie in die gemeenskap.

Tot watter mate voldoen die werk van 'n tandarts in die staatsdiens aan die basiese vereistes van 'n bevredigende werk? As mens die getal bedankings van tandartse uit die staatsdiens oor die afgelope jare in ag neem, asook die welbekende en gereeld vermelde "brein trein" van professionele mense in Suid-Afrika, voel mens dis belangrik om vas te stel watter werksbevrediging heers onder gesondheidspersoneel, veral diegene in die staatsdiens. Tandartse in die staatsdiens is verantwoordelik vir gesondheidsdienslewering aan die arm massas, wat die oorgrote meerderheid uitmaak van die Suid-Afrikaanse bevolking.

Hierdie studie was daarop gemik om die werksbevredigingsvlak van staatstandartse vas te stel, asook hoe hulle dit ervaar en demonstreer in hul werkverrigting. Die navorser het dit ten doel gehad om insig te bring in die werksbestaan van 'n baie belangrike komponent van gesondheidswerkers in diens van die Departement van Gesondheid in die Wes-Kaapse Provinsiale Regering. Die bevindinge van die studie kan dien as basis vir verdere navorsing op hierdie gebied.

'n Meningspeiling is onderneem onder staatstandartse in die Wes-Kaap, met tandartse verbonde aan die weermag en akademiese instellings uitgesluit. Die opname-instrument het bestaan uit 'n gestruktureerde kwantitatiewe vraelys saam met 'n afdeling vir kommentaar oor spesifieke knelpunte. Verder was daar 'n semi-gestruktureerde diepte-onderhoud gevoer met een tandarts om

verslag te doen oor 'n gevallestudie rakende die werksondervinding van 'n staatstandarts.

Die kernbevindinge van die studie was:

i) Die belangrikste determinante van werksbevrediging betrek die werksomstandighede. Terwyl tandartse ondersteuning geniet van hul mede-personeel, goed voel oor hul diens aan pasiente, en die standaard van hul werk, voel hulle ongelukkig oor inkomste, gebrek aan respek van pasiente, senior bestuur en kollegas in die privaat sektor. Beperkte behandelingskeuses, swak voorsieningsisteme en knaende gebrek aan toerusting affekteer hul werksbevrediging negatief.

ii) Die mate van werksbevrediging is nie van so 'n aard dat dit hulle motiveer om die diens te verlaat nie, want die meeste tandartse wil hul poste behou. Die meeste tandartse voel egter dat daar nie enige aanmoediging bestaan vir verbeterde werkverrigting nie.

iii) Tandartse reageer verskillend op hul mening omtrent werks-bevrediging. Terwyl sommige erken dat hul werkverrigting direk gekoppel is aan hoe goed dit by die werk gaan, het 'n groot persentasie van deelnemers aan die opname aangedui dat hulle nie toelaat dat hul werkverrigting deur hul onbevredigende werksomstandighede geaffekteer word nie

iv) As ons die gevallestudie beskou, is dit duidelik dat of bevrediging ondervind word, al dan nie, van die individu afhang, en sy of haar lewensbeskouing. In hierdie spesifieke geval, was die tandarts baie realisties omtrent sy ambisie as persoon en as tandarts, en het sy doelwitte binne hierdie perke gestel. Die uitslag is dat hy gemotiveerd en bevredig bly.

Acknowledgements

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Also sincere appreciation is hereby expressed for the bursary made available by Colgate South Africa.

Finally, my gratitude towards the management of CHSO for logistical support and encouragement to complete the study.

Dedication

This project is dedicated
to all those health care workers
who continue trying to deliver quality care
to communities in need,
despite the many obstacles they face.

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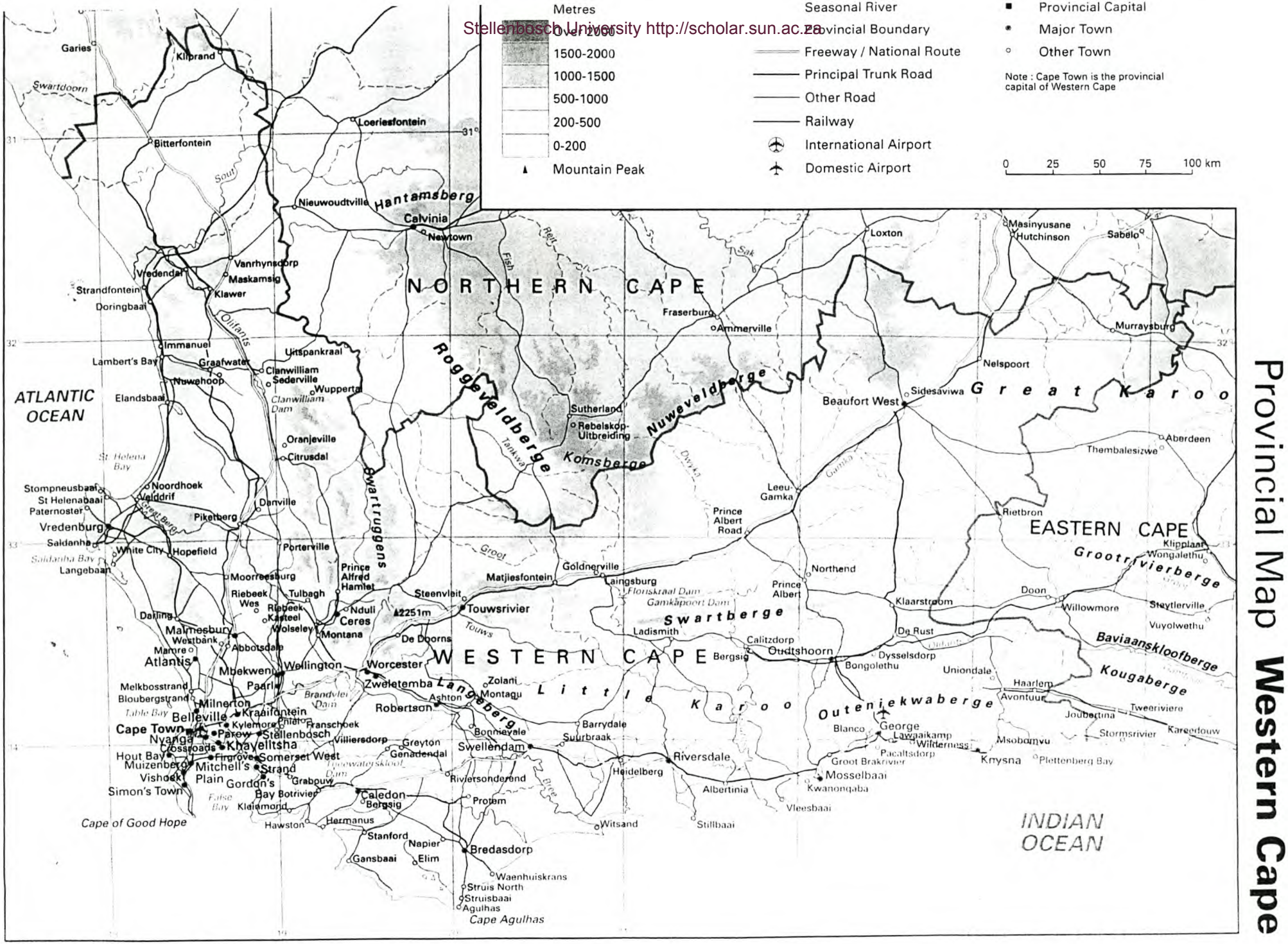


Provincial Map **Western Cape**

Chapter 1 : Introduction

During the past 36 months the number of dentists employed by the Provincial Administration Western Cape has been reduced by voluntary resignations at an alarming rate (a loss of 20+ dentists over this period). Over the 12-month period prior to July 2000, only one full-time dentist and two part-time dentists were appointed in the Cape Town Metropole region. A complicating factor was, that due to budget cuts, most of the vacant posts had either been frozen or abolished outright, thus minimising the chances of ever restoring the original staff complement. The result of these events was increased workload without a commensurate increase in salary for the remaining dentists. The only factor that prevented the situation from reaching crisis point was the introduction in July 2000 of compulsory community service for dentists. A total of 10 unfilled posts were unfrozen at the time for this purpose, of which 3 were allocated to the Cape Town Metropole and 7 to the rest of the Western Cape.

Together with various changes in the work environment there seems to be a general decline in the morale of state employed dentists, as well as a lack of motivation, increased absenteeism due to ill-health, and a subsequent drop in productivity. This has been reflected in recorded staff attendance figures and output statistics. However, no conclusive evidence to date linked these respective issues.

One should view these changes in the context of a new policy direction by the Department of Health after the 1994 democratic elections, which aimed at the rationalisation of the health services. These changes started as early as 1990 when measures were introduced to work towards the formation of a united health department. Health care delivery at the time was fragmented, because it was based on the previous apartheid policy of different health departments for different race groups. With the changing political scenario, change in health policy since 1990 was based on the

primary health care approach with the aim of achieving "Health for All by the year 2000" (Lalloo, 1994).

The present government policy pertaining to human resources aims to:

- address the maldistribution of health personnel;
- use available resources optimally;
- improve the motivation and morale of health workers and thereby increase efficiency and effectiveness;
- promote compassionate health care delivery;
- transform the composition of the personnel complement to correct class, race and gender imbalances, and
- develop support mechanisms necessary for the development of human resources for health (Mametja and Reid, 1996).

According to figures published by Mametja and Reid (1996), sixty-seven dentists were employed in the public sector in the Western Cape during 1994/95. The present number of funded posts is 55, of which 32 are in the Cape Town Metropolitan area. Only 28 of the latter are actively filled due to departmental restrictions imposed on the filling of vacant posts. These restrictions were necessitated by budget cuts as a result of the rationalisation of the health services. The merging of three oral health service delivering authorities in the Western Cape is one example.

A similar situation exists in areas outside the Metropole. These figures can be explained by looking at statistics released by the Office of the then MEC for Health in the Western Cape provincial government in November 1997. They indicate a discrepancy of 25% between projected expenditure and allocated budget to the province for the 1998/99 financial year. This resulted in 6000 health workers posts being abolished by April 1998, because of the various cost-cutting proposals put forward by the department (Report by MEC for Health, 1997).

The situation of Oral Health Services within the Department of Health became critical, meaning that no further resignations of dentists could occur without some areas suffering either complete or partial loss of services. It has become imperative to investigate the situation at present in so far as it concerns the attitudes and level of satisfaction of state dentists in this current climate of change and insecurity. This is particularly important because of the need to improve the motivation and morale of health workers, increase efficiency and effectiveness, and promote compassionate health care delivery (Mametja and Reid, 1996).

Problem

Numerous press reports and anecdotal evidence reflect dissatisfaction and disillusionment amongst health personnel, including dentists, in the public sector. This is shown by an increase in the number of resignations, the increasing "brain drain" of dentists, as well as personal accounts of complaints by dental colleagues to the author in his capacity as supervisor in the Oral Health Services division of the Department of Health. Lower productivity, lack of motivation to participate in health promotional activities and voluntary after-hours activities, are symptoms of dissatisfaction reported among certain staff. These observations and a trend towards increased absenteeism among some staff members could be interpreted as a manifestation of an inability to cope. Due to the fact that the human resources situation is already critical, it is imperative to prevent the situation from deteriorating further, with the ultimate threat of a possible collapse of state oral health services.

Purpose

The purpose of this study was to identify, measure and evaluate levels of satisfaction and dissatisfaction among dentists in state employ.

Aim

To investigate the determinants of job satisfaction and dissatisfaction of dentists in the public service.

Objectives

1. To establish the work-related determinants of job satisfaction or dissatisfaction among dentists in state employ within the Western Cape.
2. To determine the level of job satisfaction of dentists.
3. To investigate how dentists respond to and interpret their work experiences.

Chapter 2: Literature review

2.1 Introduction

Job satisfaction has been studied extensively in various employment areas and a simple definition ascribed to it, is the extent to which people like their jobs and its various aspects (Spector,1997; Smith,1992). Social science theorists and industrial researchers such as Locke penned some earlier definitions. Locke (1976) stated that job satisfaction can be viewed as "a pleasurable or positive emotional state resulting from one's job or job experiences" (Shugars et al,1991; Smith,1992).

The following benefits have been ascribed to having a job, namely that of being a source of "money, activity, variety, temporal structure, social contacts, status and identity in society" (Robertson and Smith,1985). This assertion was based on the assumption by the same authors that work was "a central part of many people's lives in modern society". Similarly, Patchen (1970) stated that since most adults spend the greatest segment of their lives at work, the quality of their work experience reflects the quality of their experience of life. Robertson and Smith (1985) describe the activity of a job as giving people an opportunity to utilise knowledge and skills, while providing the opportunity and environment to interact and socialise with others.

Despite the topic of job satisfaction having enjoyed considerable attention by researchers in the general occupational fields (Locke1976; Spector 1997), estimated at 3300 and 12000 studies respectively, Lambert, Hogan and Barton (2001) state that only 30 articles with regard to job satisfaction among dentists had been published during 20 years prior to the landmark study by Shugars in 1990.

Previously the focus of such studies had been conducted from a need fulfilment perspective, assuming that "satisfaction was achieved by ensuring the work experience satisfied what was a common set of needs" (Newell, 1995). Later work used the attitudinal study approach. Hersey, Blanchard and Johnson (1996) described attitudinal approaches as "approaches that use paper-and-pencil instruments such as questionnaires to measure attitudes or predispositions toward leader behaviour". These authors quote three attitudinal approaches, namely the Ohio studies (1945), the Michigan studies (1945) and the Managerial Grid (mid-1960s). The approach in the present study will be an adaptation of previous studies, which focused on job satisfaction of dentists to include elements of the attitudinal approach.

The topic, in its widest form, covers broad organisational behaviour and related areas. For the purpose of this study it will be broken down into the various facets of job satisfaction pertaining to dentistry. Spector (1997) and Smith (1992) identified such issues as job conditions, nature of the work, fringe benefits, nature of the employment organisation, policies and procedures, mobility and promotion and security, which are common to many jobs. Furthermore, factors such as relationships with co-workers, appreciation, communication skills, recognition, and scope for personal growth, were also identified as very important by these authors.

Information derived from studying these facets can be most useful to both employer or manager and employee as well as to researchers. The application of such studies range from job, or curriculum design to supervision, planning and evaluation (Smith,1992). Lambert et al (2001) quotes Cranny, Smith and Stone (1992) by asserting that "identifying factors that influence job satisfaction provide administrators and managers with necessary and meaningful information to make intelligent decisions regarding interventions aimed at increasing employee job satisfaction". The same author also emphasises the importance of examining both causes and effects of job satisfaction. This is of particular

importance for South Africa during the present period of transformation, where the health sector requires serious attention.

For the purpose of this review, the main issues identified in the literature were grouped into the different categories of factors used to measure job satisfaction. An attempt was then made to identify the factors regarded as most important in determining and measuring job satisfaction of dentists, and these are discussed below.

2.2 Measuring job satisfaction

A general measure of job satisfaction is the Job Description Index (JDI) developed by Smith, Kendall and Hubin (1969). The JDI covers 5 principal areas: work, pay, promotions, supervision and co-workers.

Smith (1992) stresses the importance of assessing overall job satisfaction, and views it as an important determinant of a number of important outcomes. One of these outcomes is the attitude of workers to management-backed changes to the work environment (Smith, 1992).

However, if happiness with management is measured, we can ignore non-work factors, such as the quality of life with partners and family. Non-work factors should only be ignored if we want to estimate the effect of management actions on individual differences in job satisfaction (Smith, 1992; Robertson and Smith,1985). The implied understanding is that over-all happiness with a career is a measure of both work related factors and non-work related factors.

General satisfactions (including fulfilment with work life and non-work life) are not only effects, but may also be causes of subsequent satisfactions and behaviour (Smith,1992). A person is continuously striving

to the next level of fulfilment, once the basic needs have been met (Maslow, 1954). It can be assumed that the same principle applies to the employee, that satisfaction at one level will motivate for achieving at a higher level, and vice versa. This view, if proved correct, could be an important consideration during this period of change experienced by the health sector in South Africa. Managers who have to manage change may find it easier to work with a satisfied employee than with a dissatisfied employee.

2.3 Motivation Studies

Early behavioral scientists such as Mayo (1933), McGregor (1960), Argyris (1985), Homans (1950), Herzberg (1996) and Maslow (1954) have made important contributions to the understanding of human behaviour and how it affects motivation in the work environment. Mayo, in 1924, initiated the classic Hawthorne studies, which ended in 1933 and involved measuring the effect of working conditions on work output (Hersey, Blanchard and Johnson,1996; Newell,1995).The results of the initial study were significant and the study was extended to include the interviewing of more than 20000 employees. This was concluded after a decade of work (Hersey et al, 1996). The Hawthorne studies concluded that "the most significant factor affecting organisational productivity was found to be interpersonal relationships that are developed on the job, not just pay and working conditions". Mayo (1933) also concluded that when there was identification of informal groups with management, productivity rose, and when goals of such groups were in opposition to that of management, productivity remained static or even dropped.

Mayo (1933) described the lack of means for satisfaction of esteem and self-actualisation needs on the job which led only to physiological and safety need satisfaction as important contributors to tension, anxiety and

frustration. This condition he described as *anomie*. According to Mayo, management had the idea that workers wanted to make as much money as possible for the least effort. He called this assumption the *Rabble Hypothesis,* and expressed his dismay with the authoritarian, task-orientated management practices that it created (Hersey et al, 1996).

Homans (1950) argued that the three elements in a social system, namely *activities*, *interactions* and *sentiments*, respectively are closely related. He describes *activities* as "the tasks that people perform", *interactions* are "the behaviours that occur between people in performing those tasks", and *sentiments* are "the attitudes that develop between individuals and within groups". He asserts that "in an organisation jobs (activities) have to be done that require people to work together (interactions). These jobs must be sufficiently satisfying (sentiments) for people to continue doing them" (Hersey et al, 1996).

McGregor (1960) developed the Theory X-Theory Y hypothesis. He theorises that the traditional organisation makes certain assumptions about human nature and human motivation."Theory X assumes that most people prefer to be directed, are not interested in assuming responsibility, and want safety above all. Accompanying this philosophy is the belief that people are motivated by money, fringe benefits and the threat of punishment" (Hersey et al, 1996). McGregor felt that there was a need for management to use practices based on a more accurate understanding of human nature and motivation. As a result of this argument, McGregor developed an alternative theory of human behavior, which he called Theory Y. The latter theory suggests that "people can be self-directed and creative at work if properly motivated. Properly motivated people can achieve their own goals best by directing their own efforts toward accomplishing organisational goals"(Hersey et al, 1996).

Argyris (1971) compared bureaucratic-pyramidal values (based on Theory X assumptions) with a more humanistic-democratic value system (based on

Theory Y assumptions). The former lead to decreased "interpersonal competence", claims Argyris (1971). He states further that "without interpersonal competence or a 'psychologically safe' environment, the organisation is a breeding ground for mistrust, inter-group conflict, rigidity, and so on, which in turn lead to a decrease in organisational success in problem solving".

"If, on the other hand, humanistic or democratic values are adhered to in an organisation, Argyris (1971) claimed that trusting, authentic relationships will develop among people and will result in increased interpersonal competence, inter-group co-operation, flexibility, and the like and should result in increases in organisational effectiveness" (Hersey et al, 1996).This argument is disputed, however, by Newell (1995), who writes that there is nowadays a realisation that there is no 'one best way' to manage, and that the work of both Mcgregor and Argyris emphasised the need to consider employee satisfaction in the work situation and described the consequences of not doing so.

Herzberg (1966) developed the classic Motivation-Hygiene Theory, recognising that knowledge of human nature, motives and needs is crucial to both organisations and individuals. He states that, "To industry, the pay-off for a study of job attitudes would be increased productivity, decreased absenteeism, and smoother working relations. To the individual, an understanding of the forces that lead to improved morale would bring greater happiness and greater self-realisation".

This motivation-hygiene theory is the result of a study by Herzberg and colleagues in 1966 that involved extensive interviews with about two hundred engineers and accountants from the Pittsburg area (Hersey et al, 1996). In the interviews they were asked about which aspects of their jobs made them unhappy or dissatisfied and which made them happy or satisfied respectively. After analysis of the interviews Herzberg (1966) came to the conclusion that "people have two different kinds of needs – which he called

hygiene factors and motivators – that are essentially independent of each other and affect behavior in different ways". He further concluded that "when people felt dissatisfied with their jobs, they were concerned about the environment in which they were working. On the other hand, when people felt good about their jobs, this feeling had to do with the work itself" (Hersey et al, 1996). The first category of needs he called either hygiene, so called because they described people's environment and primarily aim to prevent job dissatisfaction, or maintenance factors, so called, because they have to be constantly maintained. The second category of need was called motivators because they seemed to effectively motivate people to perform better (Hersey et al, 1996).

According to Herzberg (1966) the conditions under which a job is performed are the maintenance factors, eg. policies and administration, supervision, working conditions, human relations, money, status and security. Furthermore, he refers to motivators as factors that entail feelings of achievement, professional growth and recognition (Hersey et al,1996).

Lawler (1990) stated that satisfaction is past-orientated, while motivation is future-orientated and the two terms are often wrongly thought of as synonymous (Hersey et al, 1996). According to Lawler, "Motivation is influenced by forward-looking perceptions concerning the relationship between performance and rewards, while satisfaction refers to people's feelings about the rewards they have received. Thus, satisfaction is a consequence of past events while motivation is a consequence of their expectations about the future".

Newell (1995) emphasises the different work environment which existed since the nineties, with employees displaying much more individualistic needs because of the diverse nature of the work force. Different racial and ethnic background, age and gender and the like would demand a much more flexible approach in employment practice today.

2.4 Job satisfaction and dentistry

Different approaches to investigating job satisfaction among dentists have been explored from different perspectives. Shugars et al (1990), in his study of California dentists, described three broad categories of factors determining job satisfaction, namely: work characteristics, non-work factors and worker attributes. Chapko et al (1986) and Christensen (1994) also focused on satisfaction, Schwartz and Shenoy (1994) on the personality perspective, whereas Matthews and Scully (1994) focused on gender.

Numerous studies emphasised the role of job stress (Turley et al,1993; Blinkhorn 1993; Bourasa and Baylard, 1994; Wilson et al, 1998; Humphris and Cooper, 1998) and burnout in dentistry (Murtomaa et al, 1990; Osborne and Croucher, 1994).

Recognising the importance of the variation in setting and working conditions, a study was undertaken by Gorter et al (1999) after the Humphris and Cooper (1998) study in Britain, to document the stress situations that were experienced by Dutch dentists.

Two attitudinal studies by Brand, Chikte and Thomas (1996) carried out among Australian students and Brand and Chikte (1997) conducted among South African students respectively, looked at the reasons why dentistry was chosen as a career. In the former study the conclusion drawn by Brand, Chikte and Thomas (1996) was that the motives of Australian dental students for becoming dentists were no different to those of dental students elsewhere. These were "to serve others, to become independent, to enjoy job satisfaction, and to acquire financial security".

The question to be asked is whether the same motives for choosing dentistry as a career would be met after some years of practice. One could expect a positive relationship between reasons for choosing dentistry and job

satisfaction. It means that one needs to examine the nature of job satisfaction in order to confirm the notion that motives for choosing dentistry and job satisfaction are positively related.

2.5 Measuring job satisfaction in dentistry

How do we measure job satisfaction in dentistry? Christensen (1994) focused on the more positive aspects of dentistry as a career. He mentions a few factors over which dentists could exercise control in order to enjoy their work. These include the creation of a pleasant working environment, working in an "environment of positiveness, support, happiness, acceptance and enthusiasm". Selecting areas of dentistry, which the dentist enjoys, introducing new ideas to the practice, updating knowledge through regular continuing education and making some personal time for himself or herself, are further suggestions provided by the same author. However, it must be noted that he refers to general practitioners in the US, whereas South African public sector dentists might not enjoy the same work circumstances, such as level of autonomy in relation to their job situation for example, as well as those factors referred to above.

Chapko et al (1986) described a multi-faceted 38-item measure of job satisfaction with twelve sub-scales appropriate for dental personnel. The sub-scales were income, recognition, opportunity to develop professionally, time to develop professionally, responsibility, non-patient tasks, staff relations, quality of care, leisure time, fatigue, time pressure and general satisfaction.

Similarly, Shugars et al (1990) used the Dentist Satisfaction Survey (DSS), a 54-item multi-faceted questionnaire as well as a 6-item quality of life measure. He found that satisfaction depended mostly on quality of non-work life and 5 other work- related factors. The latter were respect received, the actual process of delivery of care, income, relationship with patients and

reduced levels of job-related stress. Issues defining dissatisfaction revolved around the threat of malpractice suits, remuneration, management demands and amount of free time. Once again it must be emphasised that this study was specifically carried out with Californian dentists, and although there are many common characteristics, we cannot ignore the possible differences when dentists in different countries are compared.

2.6 Stress and Burnout

It is well documented that dentistry is a profession associated with a high level of stress (Atkinson et al, 1992; Blinkhorn, 1993; Wilson et al, 1998). In general, the term stress refers to a situation where an individual is faced with something perceived as threatening and is unable to cope with effectively (Newell, 1995).

Several kinds of "stressors" have been identified which pertain to the dental profession, for instance time pressure, inadequate pay, negative patient perceptions, staff and technical problems, and dealing with difficult patients (Atkinson et al, 1992; Wilson et al, 1998; Humphris and Cooper, 1998). The condition termed "burnout" is a direct reaction to interpersonal job-related stress (Osborne and Croucher, 1994; Murtomaa, 1990). It can be defined as "a syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment associated with individuals working in close personal contact with their clients (Osborne and Croucher ,1994). Murtomaa (1990) defines it as "a severe state of psychological fatigue". According to Turley et al (1993), burnout as observed in health officials is an "inappropriate response to the challenge of work, being associated with poor work performance and ill-health".

Humphris and Cooper (1998) have followed up on an earlier study of stress sources in dentistry by Cooper, Watts and Kelly (1987). These studies were

carried out with general dental practitioners in Britain. The most reported area of stress was "change in the system of running a practice" as well as the "possibility of further change".

These findings could be of relevance to South Africa where the entire health system is currently undergoing major transformation. Other newly identified sources of stress were rising patient expectations, aggressive behaviour by patients, risk of cross- infection, litigation and not working as a team (Humphris and Cooper, 1998).

Newell (1995) reported that an early stress categorisation system designed for managerial employees by Cooper and Marshall (1976) was applicable to other occupational groups. Five of seven categories are directly linked to a person's job: intrinsic job factors, role in the organisation, relationships at work, career development and organisational structure and climate. The sixth and seventh factors are factors outside work and personality factors respectively. Included in the former are family commitments and demands, and financial demands. The latter focussed mainly on personality differences and type A behaviour. According to Newell (1995),"we must take all these factors into account and recognise that any job situation is moderated by the person's perception of the job demand and his perceived ability to meet these demands".

2.7 Personality factors

Personality factors seem to play a role in job satisfaction but is not clearly understood. Dentists, in accordance with Holland's Theory of Careers, as quoted by Schwartz and Shenoy (1994), seem to assume that when occupational interests are congruent, i.e. conform to the average interests of others who are successful in that occupation, satisfaction increases. Also dentists view themselves as "willing to help people in trouble" but no social presence correlation exists with dental school success (Schwartz and

Shenoy, 1994), ie. the most altruistic student is not always the most successful student. Also evident from Schwartz' study was the negative association between artistic interests and job satisfaction, in spite of satisfied dentists viewing dentistry as an artistic occupation (Schwartz,1994).

A study undertaken by Rout and Rout (1994) compared the association between job satisfaction, mental health and job stress amongst general medical practitioners in England before and after the introduction of a new contract for general practitioners. Although the previous study referred to medical practitioners, similar demands on dentists concerning workload and patient expectations suggest that the findings can be applicable to the dental public health sector in South Africa. Both stress levels and type A personality behaviour (displaying aggressiveness, haste, impatience, extreme competitive-ness, restlessness, excessive drive, etc) had increased 3 years after the changes to the contract in England were introduced. Other changes that occurred in the work situation included increased patient demands, increased focus on quality of care and the patient's rights, as part of the new legislation (Rout and Rout, 1994). All of these additional factors tended to increase stress levels and decrease job satisfaction.

In a recent study which examined the effect of job strain on the mental health of general medical practitioners compared with other white-collar workers in Britain, it was found that the level of depression was higher and the level of job satisfaction lower in the former group (O'Conner, 2000). It seems that the general effects of job stress and hence job dissatisfaction are similar for both doctors and dentists.

2.8 Relationship with patients

Difficulties of health care providers in relation to some of their patients have often been overlooked (Milgrom, Cullen, Whitney, Fiset, Conrad and Getz, 1996). Overall job satisfaction of dentists is linked to the dentist-patient relationship (Mellor and Milgrom, 1995; Milgrom et al, 1996; Shugars et al,1990; Murtomaa et al, 1990; Humphris and Cooper, 1998). Mellor and Milgrom (1995) mentioned hostility from patients, lack of appreciation and professional respect as important factors in lowered job satisfaction for dentists. The level of care delivered depends on patients perceptions and appreciation of the service, ie. better co-operation will result if better level of care is provided (Weinstein et al, 1978).

2.9 Gender

Matthews and Scully (1994) reported that female dentists felt more satisfied with their chosen profession than their male colleagues. In this study, full-time male dentists were more dissatisfied and showed signs of psychological stress associated with burnout. The reason for female dentist satisfaction was not stated clearly by the authors, but they seemed to cope more effectively with "the diverse demands of a profession, wife and mother".

2.10 Fear of cross-infection

A South African study (Lapidus and Sandler, 1997) revealed, in general, negative attitudes by dentists towards HIV infected patients. Such attitudes have the potential to create job dissatisfaction. These authors showed that dentists are fearful of contracting the virus when treating HIV positive patients, are worried about the honesty of these patients concerning disclosure, as well as the additional costs for treatment. Lapidus and Sandler

(1997) however, also reported that dentists acknowledged the need for continuing education, even while claiming to have good overall knowledge of HIV.

2.11 Methods used to study job satisfaction

As is evident from the preceding literature, very few South African studies have been carried out which focus on job satisfaction among dentists. However, the topic has been dealt with extensively by international researchers, who employed a variety of methods. The most common approach to study design by these researchers was descriptive, using questionnaires to acquire data (Chapko et al, 1986; Shugars et al, 1990; Schwartz and Shenoy, 1994). Group discussions (Blinkhorn,1993) and in-depth individual interviews (Humphris and Cooper,1998) were other approaches in acquiring data.

Likert-type rating scales were used in the design of questionnaires by Shugars et al (1990), Christensen (1996) and Chapko et al (1996). Analysis of the data by Chapko et al (1996) entailed the use of parametric descriptive and inferential statistics.

For the semi-structured interviews of Humphris and Cooper (1998) the interviews were audio-taped and transcribed. Content analysis was carried out to identify themes (also called statements). These were then grouped into categories and analysed further. From the findings of these studies it was evident that a comprehensive measure of job satisfaction requires all factors mentioned earlier to be taken into account.

2.12 Conclusion

It is obvious that dentists are subjected to various influences , which affect their levels of job satisfaction. Although the subject has been studied extensively abroad, not much has been documented about job satisfaction experienced by South African dentists. This study aims to investigate aspects of job satisfaction, which pertain to public sector dentists. In the opinion of the author it was important for this study to take place during the current climate of change in the health sector, and could be a first step towards addressing the problem of job dissatisfaction.

Chapter 3: Methodology

3.1 Definition of terms

Job satisfaction :

The extent to which people like their jobs and the various aspects thereof (Smith, 1992).

Grounded theory:

Inductive approach; build theory from the ground up (Neuman,1997).

Judgement sample:

Convenience sample. Available sample for pilot and preliminary work (Oppenheim, 1992).

3.2 Study population

The target population was all dentists employed full-time by the Provincial Administration Western Cape. These were dentists based at State dental clinics within the boundaries of the Western Cape. Part-time dentists and dentists employed by the Defence Force were excluded because of the special circumstances which apply to the military.

3.3 Sample size

Sample size was the total number of dentists employed by PAWC within the boundaries of the Western Cape (N = 55).

3.4 Generalisability

The findings of this study could be generalised to all dentists in state employ within the Western Cape. Generalisability was limited because conditions in the Western Cape could not be assumed to be the same as in the rest of the country. It could, however, be generalised to areas with similar conditions .

3.5 Study design

The study was descriptive using the grounded theory approach, beginning with individual pilot preliminary interviews of a judgement sample of three dentists. The purpose of the interviews was to collect qualitative information which would be used to develop and refine a preliminary questionnaire. The preliminary questionnaire was further developed and finalised, for self-administration by dentists. The study used both quantitative and qualitative methods in a multi-phase approach, as set out below.

a) Exploratory semi-structured interviews were conducted.
b) A 2-part questionnaire was designed and refined.
c) A pilot study of the 2-part questionnaire was conducted.
d) The questionnaire was amended..
e) The data was collected with the revised questionnaire.
f) The data was captured using a computer.
g) The results were analysed and interpreted.
h) An in-depth interview on tape with one dentist was conducted for the purpose of a case report.
i) The in-depth interview was transcribed, analysed and interpreted.
j) A case report on this dentist was compiled.

3.6 Data collection

The standardised part of the final questionnaire was a modified version of the Dental Satisfaction Survey, which was employed by Shugars (1990) to study professional satisfaction among California dentists. The questionnaire used also contained open-ended questions and questions derived from the in- depth interviews (See Appendix).

A) Appointments were made with three dentists, a judgement sample of the study population, with whom the author conducted semi-structured interviews. The purpose was to collect qualitative data, which were used to develop a questionnaire for the survey. The necessary arrangements for ensuring privacy and convenience for such an interview were made.

B) The interviews were conducted individually and informally with three dentists, the relevant issues identified and extracted, interpreted and analysed. Questions were formulated for inclusion in the questionnaire. An open approach was adopted to this process as no rigid rules exist for this kind of analysis. Any additional issues or research hypothesis extracted from the gathered information was converted into either closed or open-ended questions and coded to be included in the questionnaire.

C) A pilot study of the revised questionnaire was then undertaken with the same dentists who made up the initial judgement sample. At this stage the validity of the questions were tested by asking the dentists of the original judgement sample to evaluate the questionnaire for relevance and to verify the inclusion of issues extracted from the interviews.

D) The questionnaire was distributed for completion.

E) An individual in-depth semi-structured interview was conducted with one dentist and recorded on tape.

F) The individual interview was transcribed.

3.7 Ethics:

Letters asking for permission to conduct the study were sent to the Regional Director of Health (PAWC) as well as to the Health Services Manager responsible for Oral Health Services in each of the areas in the Western Cape. A shortened version of the thesis protocol was included. Accompanied by the latter was a letter, which the author requested from the Dean of the Dental Faculty to state that the thesis protocol had been passed for research by the University.

Another letter inviting the dentists to participate in the study and explaining the importance of participating were addressed personally to the individual dentists at their respective clinics. Also included was an assurance of confidentiality.

3.8 Validity

Validity was tested by taking the finalised questionnaire to the pilot group of dentists for an opinion about all the issues being addressed. This was carried out during the test-retest phase. Face validity, content validity and construct validity were tested in this way.

3.9 Reliability

The author underwent training in interviewing technique in order to ask questions in a standardised way. Reliability was tested by having 10% of

the sample population complete the questionnaire again 2 weeks after the whole sample population had completed the questionnaire. This 10% sample (N=5) was drawn randomly from the staff lists, and the questionnaires were personally delivered and collected by the author. Comparisons were made between the two sets of responses to the same questions.

3.10 Analysing and interpreting results

1. The qualitative data was coded.
2. Data was entered into a computer loaded with SAS software.
3. All cases where information was incomplete were eliminated.
4 A data base was established.
5. Parametric descriptive and inferential statistics were used for analysis of the quantified data, such as frequency distribution of the different factors or variables.
6. Basic inter-correlations were drawn between different constructs.
7. The responses to the open-ended questions were interpreted and statements were extracted for further qualitative analysis.
8. A case report was compiled and written.

3.11 Logistics:

Preliminary interviews were arranged by appointment with individual dentists at their place of work or convenient alternative. This entailed travelling by the author to the various destinations.

Arrangements were made for a venue that would ensure privacy during the confidential interviews.

As far as interviewing of participants in the pilot study is concerned, one subject was selected and used as a case study in order to demonstrate the real experience of an individual dentist working in the public sector. An appointment was made with the dentist to conduct the interview after-hours to ensure privacy. For this purpose, a tape recorder was used and the interview was transcribed. This case study interview was dealt with in a far more extensive way than the others and additional commentary regarding this will appear in the qualitative report.

Covering letters were posted to all dentists included in the sample population, but only the dentists outside Cape Town were posted a questionnaire. They were asked to return their responses by fax directly to the author, or as a second option to return by mail. A postage paid envelope accompanied these questionnaires. Telephone calls to remind these respondents to return the completed questionnaires were made by the author at weekly intervals. The author noted that although anonymity was required, a certain amount of trust by the respondents was also required to allow for keeping a check on returns.

Arrangements to complete the questionnaires were made for dentists in Cape Town to meet after one of their regular staff meetings. The questionnaires were self- administered. In this way a high response rate was secured, and the author collected the completed questionnaires personally.

Chapter 4: Results – Quantitative data

As explained in the methodology, this survey consisted of a 2-part questionnaire, viz. a closed quantitative section and an open-ended section. The quantitative section was analysed by computer using the SAS software. Frequency of scores was then correlated within the respective constructs and conclusions drawn. The open-ended questions were analysed by extracting and grouping similar comments or issues in response to specific questions. In this way the most common issues were identified and further analysed. This was then followed by correlating quantitative findings with qualitative analysis and interpretation.

As far as interviewing of participants in the pilot study was concerned, one interview was selected and used as a case study. The purpose of the case study was to interpret and analyse data in order to acquire the meaning of a state dentists' personal work experience in his or her work environment. The case study could be described as being *instrumental* since it played a supportive role, facilitating our understanding of a job experience from a personal and subjective perspective.

4.1 Quantitative analysis

4.1.1 Demography

The study sample comprised 55 state dentists employed in the Western Cape, of which 47 responded to the questionnaire, giving a response rate of 85.5 percent.

The age distribution was between 23 and 56 years. The mean age was 38.5. The average number of years qualified was 14.5. Twenty-nine respondents were males and eighteen were females, 18 of which were White, 17 Coloured, 10 Indian and 1 Black. Twenty-one of the respondents had qualified at the University of the Western Cape, 15 at University of Stellenbosch, 3 at The University of Pretoria and 8 outside the borders of South Africa. Twenty-eight of the respondents were urban-based compared to 19 who were at clinics in peri-urban areas.

4.1.2 **Work environment**

The vast majority of respondents (80.85% - 87.24%) seemed to have no complaints about the auxiliary staff and seemed to enjoy staff support at a local level (see A1- A4 in Appendix). Furthermore, 80.85% either agreed or strongly agreed to have staff support at all times, while 93.62% of respondents reported to lead by example. A total of 23 respondents (48.94%) disagreed that the current administrative management was good while 24 respondents (51.06%) agreed that it was good. On the issue of communication with administrative management, 41.42% of respondents believed that it was poor, while 57.44% of respondents disagreed with this view.

On the question of recent administrative changes within the department, 74.47% reported to be coping well and 85.18% of respondents claimed that they got on well with their Nursing (Facility) Manager. Forty-two and a half percent of respondents also reported that their perception of managerial response to staff grievances was that management responded to their needs while 53.2% reported the opposite.

On the issue of the quality of equipment used in the clinics, a total of 72.34% of respondents agreed that equipment breakdown happened too

often. Also, 72.34 % claimed that prompt repairs did not take place when necessary.

Furthermore, 76.59% of respondents found their relationship with patients satisfying, in contrast to their open-ended responses which reflected unhappiness with patient attitudes to state dentists. Also, 64% of respondents reported that patients are ungrateful for the work that state dentists do.

Eighty-one percent of respondents reported that their safety was at risk by treating certain patients, while 65.96% of respondents did not believe that their supervisors were concerned about them being at risk. Almost half the respondents (48.94%) felt very strongly that they were at risk of getting HIV/AIDS with a further 36.17% agreeing, while 72.34% perceived themselves to be more at risk than dentists in private practice. Questions regarding Hepatitis yielded a similar response.

On the question of workload, 63.83% of the respondents claimed that they treated too many patients per day. This was also reflected by comments in the open-ended section of the survey.

4.1.3 **Security and Income**

Almost seventy-three percent of respondents (72.34%) felt that their salary did not provide adequately for their needs, while 78.73% agreed (which included 48.94 % who strongly agreed), that the income was not commensurate with workload. Three-quarters of the dentists (74.47%) indicated that the salary earned is more important than the reward of serving the public, while 68.08% reported that a public service dentist has no incentive for improving performance.

There was almost full agreement (93.61%) that dentistry in the public sector was not more suitable for female than male dentists, while more than half (55.32%) believed that such a job suited male dentists better. A further 91.49% agreed that female dentists were as good as their male colleagues in the public sector, and 78.73% of respondents did not think that male dentists enjoyed better opportunities for promotion than female dentists in the public sector. Almost sixty-two percent of respondents (61.7%) did not feel threatened by any possible affirmative action.

4.1.4 **Sense of achievement**

There was strong agreement (76.6%) that the time allowed by their careers for their personal lives was adequate. Almost thirty percent (29.79%) of respondents claimed to be fatigued after hours. Concerning recognition given to their jobs for having grown as a person, 63.8% of respondents agreed that they had matured with the job.

Furthermore, 87.23% of respondents agreed that they were making a contribution to their respective communities. The assertion was made by virtually all respondents (97.83%) that they offered a good service to patients. A very high percentage (93.62%) of respondents claimed to be highly satisfied with their own efficiency in their jobs. Almost eighty-three percent (82.98%) also felt that there were training opportunities to keep them abreast of new developments in dentistry.

4.1.5 **Intellectual fulfilment**

More than eighty percent of dentists in the public sector (82.98%) reported that they work in a goal-directed fashion where the outcomes could be measured. These outcomes included reaching workload targets and achieving results with preventive programmes. Almost seventy percent

(68.08%) stated that they were over-skilled for their jobs, while the same proportion (70.21%) made optimal use of their skills. Almost ninety-four percent (93.62%) of respondents reported a willingness to adapt to the changing needs of the communities they serve, with 78.72% of respondents regarding themselves as fully equipped to manage their jobs creatively. They also felt that they were fully capable of prioritising patient needs and appropriately adapting the service to these needs. More than a third of the respondents reported that there was enough time to meet the demands of their work. Having enough time to be creative and having the opportunity to improve clinical skills produced responses of 51.06% and 53.19% respectively.

More than half (51.07%) the respondents reported that they were not looking forward to each day in a positive way. The same percentage (51.07%) reported that they like what they do, while 68.08% of respondents said that their jobs did not fulfill their early career expectations of dentistry. Over seventy percent (70.13%) of respondents believed that they were exercising their choice to be in their jobs and that they had alternatives for changing their jobs. Almost two-thirds (63.83%) indicated that they would like to continue with their jobs in the long term.

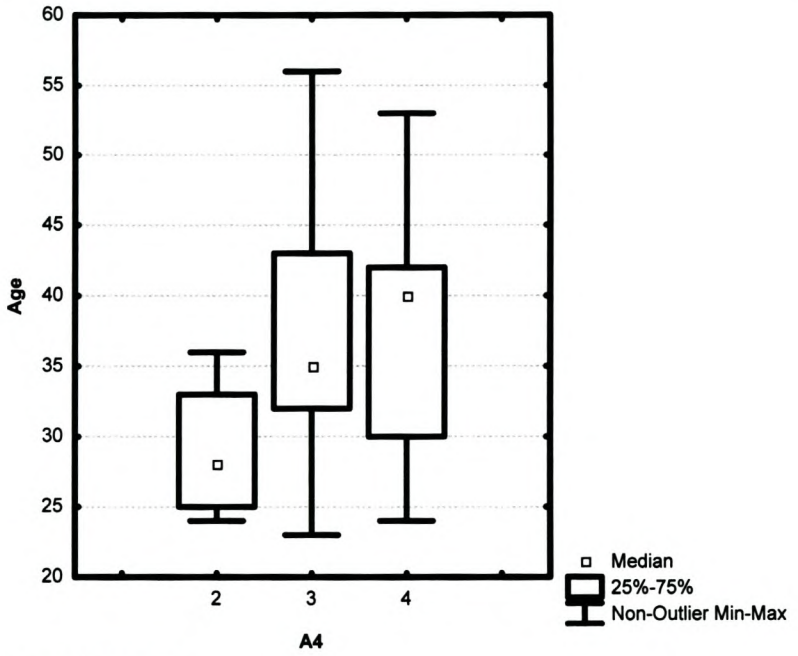
4.1.6 **Responsibility and recognition**

On the issue of whether public sector dentists were on a good career pathway, only 42.55% believed that this was the case. As far as respect, either by patients, senior management or private medical or dental practitioners is concerned, 63.83% of respondents reported that they did not believe that patients respect dentists in the public sector. Just over half of the respondents (53.2%) felt respected by their senior management, and 70.22% reported that they did not perceive to be respected by medical and dental professionals in private practice. However, 74.47% of respondents still feel proud of their jobs in the public sector.

Perception of staff support by dentists of different age groups

Question A4: *I have the support of the staff at all times.*

Further analysis of relationship between age and how question A4 was answered.



1.Strongly disagree
2.Disagree
3.Agree
4.Strongly agree.
(Note that response 1 was left out because only two respondents selected 1)

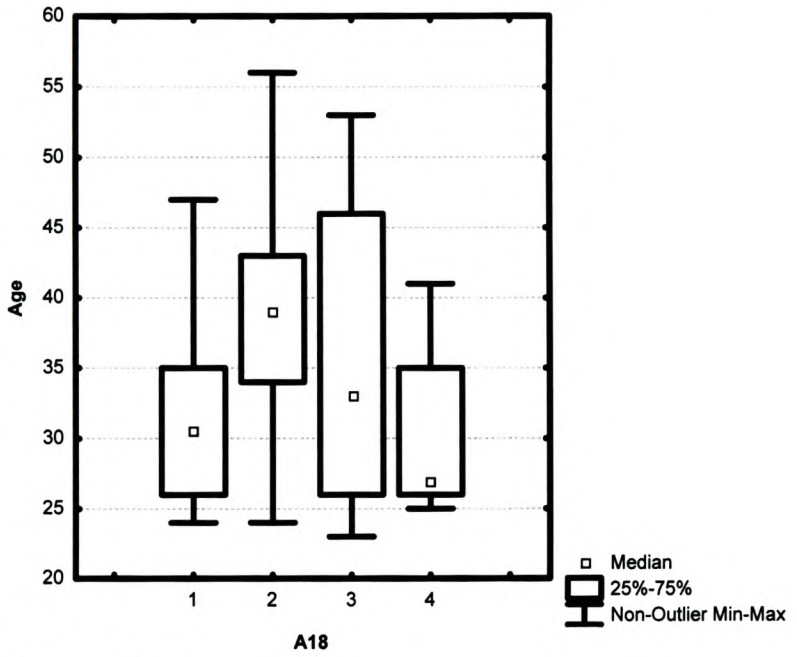
Fig. 1

Of the 80,85% of respondents who either agree (57,45%) or strongly agree (23,40%) to have staff support at all times, the age distribution was between 30 and 43 years, with a median age 35 and 40 years respectively. For the 19,85% who disagreed, the age distribution was between 25 and 33 years, with a mean age of 28years.

Supervisor attitude to staff safety and security by different age groups

Question A18: *Staff safety and security is always a concern for our supervisors*

Further analysis of the relationship between age and question A18.



1.Strongly disagree
2. Disagree
3. Agree
4. Strongly agree.

Fig. 2

Of all respondents, 44,68% disagreed and 21,28% strongly disagreed that staff safety and security was always the supervisors' concern. The median age in these groups was 39 and 31 years respectively.

Of all respondents, 23,40% agreed and 10,64% strongly agreed that staff safety and security was always the supervisors' concern. The median age in these groups was 33 and 27 years respectively.

Chapter 5: Discussion – Quantitative data

5.1 Demography

In total contradiction to the argument that state dentists might regard their jobs as a stepping stone to gain experience, it was interesting to see that there was no concentration of numbers in the age group below 30 years. The youngest dentist was 23 years old, and the oldest 56 years. The mean age was 35.9 in spite of the fact that 9 out of the total had qualified in June 2000, and had joined as a result of community service for newly qualified dentists which had just been introduced. The longest qualified state dentist graduated 30 years ago, therefore the average number of years qualified was 14.5. From this it could be concluded that the employment turnover rate of state employed dentists was not very high, taking into account that since July 2000 ten community dentist posts had to be filled by newly qualified graduates on an annual basis.

Recording variation on ethnicity was a sensitive question for most respondents. The only reason for these statistics being recorded today would be to monitor whether gender and race ratios in the civil service reflect those of society at large. It is obvious that this is not the case among dentists in the Western Cape. It was interesting to note that 21 of the respondents had qualified at the University of the Western Cape, 15 at University of Stellenbosch, 3 at University of Pretoria and 8 outside the borders of South Africa. The majority of state employed dentists were South African qualified.

Lastly, the ratio of urban-based respondents compared to peri-urban-based respondents was 3:2. This was a factor to be considered when reasons for job satisfaction were examined, since conditions between urban and per-urban facilities differ to varying degrees.

5.2 Work environment

The vast majority of respondents seemed to have no complaints against the auxiliary staff and seemed to enjoy staff support at a local level.This finding contributed positively to a sense of job satisfaction experienced by these respondents, as was the case with similar findings in previous studies (Chapko et al, 1986; Christensen, 1994).

However, with regard to administrative management, there was a clear division among respondents. Almost half of respondents disagree that the current administrative management is good. Nearly 42% of respondents believe that communication with administrative management is poor. Obviously the current management of oral health services is not held in high regard by a large section of their employees.

Three-quarters of respondents reported to be coping well with recent changes within the department. Also, 85% of respondents claim to be getting on well with their Nursing (Facility) Manager. However, responses in the open-ended section of the survey appear to contradict these statements. In a number of cases the respondents claim not to have noticed any changes! This could be a reflection of ignorance due to poor communication on the part of management, or it may reflect a lack of interest in new developments on the part of state dentists. However, it does not seem to affect job satisfaction in a negative way.

The respondents also seem divided in their perception of managerial response to staff grievances – just under half reporting that management is responsive. The same divided opinion was reported about whether managers displayed a caring attitude towards state dentists. While opinion was divided, it should be a concern for management if fifty percent of staff

reported negatively about them, as it could contribute to job dissatisfaction and the negative effects associated with it.

An issue that elicited quite an emotive response with both sections of the survey was the state of equipment employed in the clinics. A substantial proportion (three-quarters) of respondents agreed that equipment breakdown occurred far too often, and repairs necessitated a very long wait. In the peri-urban situations this point was also stressed in the open-ended comments. This is clearly an area that needs urgent attention, as it could have a very negative effect on the sense of job satisfaction experienced by affected dentists.

Further analysis of the effect of age and work environment revealed that younger dentists were less likely to perceive staff as supportive at all times (see fig.1 in Results section). However, more of the older dentists agreed that staff safety and security was not always the supervisor's concern, and may be more disillusioned with management than are the younger dentists (see fig.2 in Results section).

A third of female dentists reported frustration with running behind schedule, compared to more than half of the male dentists, suggesting that females cope better in the current work situation.

An overwhelming three-quarter of respondents find their relationship with patients satisfying despite the few emotive comments made about patient attitudes which were reflected in the open-ended responses. However, almost two-thirds of respondents reported that patients are ungrateful for the work that state dentists do. This could also reflect a sense of altruism that was shown towards the communities served by state dentists, and could, possibly, enhance their sense of job satisfaction.

In terms of their safety, more than 80% reported that they were at risk when treating certain patients, and almost two-thirds did not believe that their

supervisors were concerned about them being at risk. Combined with the security and safety risk, an additional perceived risk was that of contracting HIV/AIDS and Hepatitis. Almost half the respondents felt very strongly that they were at risk of getting HIV/AIDS. Three-quarters of respondents perceived themselves to be more at risk than dentists in private practice. The question regarding Hepatitis yielded a similar response.

The fact that the majority of respondents felt unsafe in the state work environment should be cause for concern, as it would not only affect job satisfaction, but could have more serious implications if any such fears became a reality.

Another strong reaction was the response to the question of workload. This was particularly evident in the open-ended section. However, more than one third reported that they do not see too many patients per day, which is unexpected, because for some dentists, a heavy work load seemed to be a problem. This was especially true for those who reported not having enough time to do the procedures that they would like to do, such as more conservative dentistry instead of dealing only with pain and sepsis.

5.3 Security and Income

There seemed to be uniformity regarding the issue of income among state dentists. The vast majority felt that their salary did not provide adequately for their needs, with 80% strongly agreeing that the income is not commensurate with the work done. The vast majority also indicated that the salary earned is more important than a reward in terms of serving the public. More than two-thirds reported that a public service dentist had no incentives for improving performance. Income therefore seemed to be a major factor in how dentists perceive their sense of satisfaction in their jobs,

which corresponds to the findings of earlier studies (Chapko et al, 1986; Shugars et al, 1990).

In terms of gender there was a fairly uniform response, where no distinction was made between males and females regarding career suitability and mobility. The majority of respondents did not feel threatened by any possible affirmative action.

5.4 Sense of achievement

As far as being satisfied that their careers allow for free time in their personal lives, there is strong agreement that such time is adequate. Despite the assertion by the majority of state dentists that their workload is too heavy, less than one-third of respondents claimed to be fatigued after hours.

The recognition by two-thirds of respondents of the contribution that their jobs have made towards their personal growth, was encouraging. Furthermore, almost 90% of respondents were confident that they were making a contribution to their respective communities. The same confident assertion is made by virtually all respondents that a good service is delivered to patients. Similarly, a very high percentage of respondents claimed to be highly satisfied with their own efficiency in their jobs. The vast majority also felt that there were training opportunities to keep them abreast of new developments in dentistry.

There generally seemed to be a positive sense of achievement perceived by most dentists in the civil service, which could positively influence their sense of job satisfaction.

5.5 Intellectual fulfilment

The vast majority of dentists in the public sector reported that they worked in a goal directed fashion where outcomes could be measured. A large proportion stated that they were over-skilled for their jobs, but at the same time making optimal use of their skills. These statements might be viewed as contradictory, but could be interpreted as dentists giving their best as far as they are allowed; that there was a need and the willingness to deliver a more sophisticated service, but treatment options were limited due to factors like budgetary constraints and excessive workload. This is a factor that was cited in the open-ended section as well, and it is well recognised in the literature (McGregor,1960; Argyris,1971; Christensen,1994) that lack of autonomy is a source of job dissatisfaction.

Almost all respondents reported willingness to adapt to the changing needs of the communities that they were serving, while the vast majority of respondents regarded themselves as fully equipped to manage their jobs creatively. They also feel fully capable of prioritising patient needs and adapting the service accordingly.

When addressing the question of having time doing work that they enjoy, the response was conflicting, with only one third saying they have enough time. Having enough time to be creative and having the opportunity to improve clinical skills produced inconclusive responses, despite previous claims to the contrary.

How state dentists perceive themselves in their work situations in both the short and the long term, seem to reflect opposing opinions. At least half reported that they do not look forward to each day in a positive way. Two-thirds of respondents said that their job did not fulfill their early career expectations of dentistry. The same number of respondents believed that they were exercising their choice to be in their jobs and that they had alternatives for changing their jobs. Almost two-thirds indicated however,

that they would like to continue with their present jobs in the long term. This can be interpreted as an expression of loyalty towards their jobs, considering their responses regarding enjoyment of their daily tasks and their sense of duty to their respective communities. It could also mean that after so many years in the public service they had found themselves in a "comfort zone", and that making a career change might not be easy.

5.6 Responsibility and recognition

The responses to the issues of responsibility and recognition once again were quite varied and could possibly be ascribed to the variation of the work setting and variation in the demography of the sample.

On the issue of whether public sector dentists were on a good career pathway, the respondents displayed a distinct sense of uncertainty, with less than half believing that this was the case, while the rest believed the opposite. This does not reflect a common sense of job satisfaction enjoyed by state dentists.

The issue of respect either from patients, senior management or private medical and dental practitioners revealed a divided opinion by those sampled. Almost two-thirds of respondents did not believe that patients respect dentists in the public sector. Just over half of the respondents felt respected by their senior management, and more than two-thirds did not perceive to be respected by medical and dental professionals in private practice. This issue has been reported in the literature as a major contributory factor to job satisfaction or dissatisfaction of dentists (Shugars et al, 1990; Mellor and Milgrom, 1995).

Despite the aforementioned reports on responsibility and recognition, it is encouraging to know that three-quarters of respondents still feel proud of their jobs in the public sector.

Chapter 6 : Results and discussion - Qualitative survey

In addition to the structured section of the questionnaire, an open-ended section was included to cover issues which were not easily quantifiable. This also gave respondents an opportunity to mention issues regarded as important, which were not covered in the structured section. It also gave respondents the opportunity to express opinions on various issues in their own words. The different questions posed to respondents were analysed and interpreted individually.

6.1. How does your level of satisfaction affect your work performance?

The response to this question has been remarkably varied, with slightly more dentists in urban areas reporting a negative effect on their performance because of their low level of satisfaction. They also cited reasons for their own perceptions of under performance, which were limited treatment options and inefficient management of their clinics. Given the high regard they have for their own efficiency as dentists, which was noted in the structured questionnaire, it is surmised that other factors play a role in the management problem.

More dentists in urban settings reported that they had a sense of job satisfaction. The reasons cited for an elevated level of satisfaction was first and foremost the sense of serving their respective communities and a drive to serve the underprivileged.

A significant middle group reported no effect on work performance as a result of diminished job satisfaction as they attempt to give their best at all times irrespective of how they experienced job satisfaction.

Others reported that their performance was erratic depending on whether they were having a good or a bad day at the clinic. A breakdown in their system, for example, could lead to frustration and might be expressed as anger to patients or staff.

The picture was different for the peri-urban or rural dentists. A much higher degree of negative effect on work performance has been reported by this group, citing the excessive work load, and inability to vary their clinical work, as the main causes of lowered levels of job satisfaction.

6.2.Which work-related factors do you think should be addressed to improve your job satisfaction?

An almost unanimous response was obtained by all state dentists irrespective of urban or peri-urban location about the main work-related factors that needed to be addressed to improve job satisfaction. The stock provisioning and procurement system was the most often cited problem. This was followed by problems with inadequate equipment, equipment breakdown and time taken to repair broken equipment.

Other major problems were working conditions, physical facilities in which state dentists work, and the human resource shortage in dealing with a heavy workload.

Further problems often mentioned were unsatisfactory remuneration, poor security at clinics, attitudes of patients, admissions and patient flow system failure and the limited treatment options.

Finally, an important issue was unhappiness with supervisors' attitudes and management skills. This was mentioned more than once in the open-ended section of the survey.

6.3. Which are the most important non-work related factors which influence your job satisfaction?

Although not strictly a non-work related factor, what was most often cited was the standard of living and quality of life enjoyed by state dentists. This issue stands out when compared with other issues such as travelling distance to work and family matters. Attitudes of the community and patients, as well as that of medical and dental colleagues in private practice, were frequently mentioned in response to this question. More than one respondent reported that the perception of private dentists and their patients was that the standard of work of state dentists was inferior. No evidence was offered to substantiate the existence of such perceptions. An issue, which was mentioned by at least two respondents, was the lack of social contact with other professionals in the dental field.

6.4. How did the recent changes (for example, integration & the departure from the vertical programme structure) within the Department of Health affect your sense of job satisfaction?

This question yielded the most diverse responses with a noticeable difference between urban and rural or peri-urban based respondents. While the urban dentists in many ways commented negatively to these changes, the dentists outside metropolitan areas reported that they were not affected by them. A few respondents went so far as to say that they were not aware of any changes, and this may well be the

case for almost all the peri-urban respondents who claimed not to be affected. Only one dentist in such a setting reported an increased sense of job satisfaction as a result of the benefit of working in an integrated health team. Likewise, only one dentist in the peri-urban setting blamed his decreased sense of job satisfaction on the fact that no decision-making power remained for dentists. This could be because no representation existed beyond the clinical level for dentists, by dentists, as mainly medical doctors and nurses are now occupying management positions.

Where the changes have an effect on the job satisfaction of public sector dentists is in the urban setting. Health systems failure was by far the main reason cited for a decline in their level of job satisfaction. Severe frustration was reported with procurement of dental stock, ie. the ordering and delivery of materials, complicated bureaucratic procedures, and an inefficient mail delivery system where mail got lost.

At least three respondents in an urban setting reported that they were very sceptical about any of these changes being for the better. Another three were not affected by the changes, while six dentists in an urban setting felt that these changes affected them in a positive way. One dentist reported a positive effect, because the dentist became part of an integrated health team, but the fact that contact with other dental staff was reduced, tended to lower job satisfaction. There were a few individual comments such as "not much seen yet", no confidence in the new management, and the fact that the changes were taking place too slowly.

6.5. To what extent are you dissatisfied with these changes? Please explain.

Once again distinct differences were evident in reports from urban-based vs rural/peri-urban based respondents. In the urban setting, respondents were evenly divided between being very dissatisfied and not being affected by the changes. At least one respondent was thinking of resigning, one questioned his career choice, and one admitted to be less committed to service delivery. Two respondents reported no dissatisfaction at all, while a further two reported that they persevered despite their dissatisfaction.

In the rural/peri-urban setting more than three-quarters of respondents reported to be unaffected by the changes. One dentist reported to be very dissatisfied, two were dissatisfied and only one reported to be satisfied. It must be remembered that many respondents also reported that they were unaware of any changes taking place!

6.6. How do you feel about the imminent devolvement to the local authorities and how does this affect your job security if at all?

Almost half of the respondents (23 out of 47) stated that they did not feel that their job security was affected by the imminent devolvement to the local authorities, while 14 respondents believed that it was a positive development.

Of the rest, there were six who felt that their job security was affected negatively, while four respondents indicated that they were uncertain about the future. Of the latter, the reason cited was that if the devolvement would translate into increased empowerment with regard

to decision-making and management, this would be favourable, but otherwise not.

An interesting finding was that there was very little difference between the urban and peri-urban/rural response to this question, except for the fact that the urban respondents reported a more positive sense of job security with the imminent devolvement.

Positive comments were that "transformation is a process and would not be without teething problems". Comments from respondents not affected by the changes, included an admission of lack of knowledge, with the belief that devolvement could only lead to an improvement of the status quo. This indicates a diminished sense of job satisfaction at present, yet with a sense of hope for positive change in the future.

Chapter 7: Case Study

The purpose of doing this case study was to probe in a more in-depth fashion, the complexities of an individual's job experience as a state employed dentist and to explore and analyse the context and meaning of these experiences. It is true that the experience of one individual cannot be generalised to the entire study sample, or the entire study population for that matter, yet a case study gives the researcher greater depth and insight into the personal experience of such individual. It is hoped that with this case study the job context of a state dentist would be defined more accurately for the reader.

Stake (1988) states that " a case study is both the process of learning about the case and the product of our learning". It must be emphasised that the issues drawn from the individual interview may or may not be general issues and cannot be truly objective because of the uniqueness of the case being studied and the unavoidable subjective element in the selection of questions posed during the interview by the researcher. Denzin and Lincoln (1988) asserted that "one cannot know at the outset what the issues, the perceptions, the theory will be. Case researchers enter the scene expecting, even knowing, that certain events, problems, relationships will be important, yet discover that some actually are of little consequence".

As stated earlier, our case study was selected from the sample that made up the pilot study, since the interview would then serve as an adjunct to the information given in the questionnaire. We thus can describe this study as an *instrumental* case study, as it performs the role of "facilitating the understanding of something else" (Stake, 1994). It however does not imply that the case is typical of all cases in the study sample at all.

7.1 The Interview

The dentist in question was a 40-year old married male, who had been working in the public sector since the time of his graduation 14 years earlier. Because of the personal nature of some of the questions posed, and the intention of reporting the personal views and circumstances of the dentist in question, both dentist and researcher agreed on anonymity. The interview was arranged to take place at the dentists home, after working hours at a time that was convenient for both researcher and interviewee.

When the first question was posed to him, to "*tell me about yourself, doctor*", he quipped that he had actually just turned forty and that having reached middle-age was the most recent significant event in his life. A short summary of the various settings in which he had worked as a state dentist followed, which included urban and rural settings outside Cape Town for the first two years of his career. He has always worked at clinics where more than one dentist was based, with further support staff comprising an oral hygienist and more than one dental nurse.

As far as general interest concerned, he believed that he was living life to the full, as he was interested in "everything". A variety of sport, music, chess and a good family and social life, constituted a full life for him. The impression gained was that he was totally satisfied with the non-work related sphere of his life. It was also clear that the activities he was engaged in, provided meaning to his life, and that his profession was only one of those activities.

In response to the question *"when did you decide to make dentistry your career*"?, a very specific incident reportedly, played a major role in this decision. It was his exposure to dental treatment at the Dental Faculty at Tygerberg Hospital during his matric year that impressed him so much that he changed his mind about doing medicine. He was so confident about this decision that he did not apply for any other place at any other university.

His confidence paid off and he was accepted to study dentistry at UWC Dental Faculty the following year.

When asked to "*give an overview of his history as a dentist within the government health department*", he reminisced about a telephone call he had received a few years back, from a second year dental student who had to do a project involving interviewing qualified dentists about their intended careers. He was apparently, the only one from that particular class students who had achieved what he had set out to achieve, namely to be a community dentist. He still believed that he was in the right profession and hoped to remain a community dentist for the rest of his professional life. It seemed that his career plans had materialised and that he had achieved his early career goal.

He elaborated on his experiences as a dentist when he had just qualified, before relocating to Cape Town. The opportunity arose to work in close association with an orthodontist at the time, an opportunity which he made full use of, and which gave him a great deal of job satisfaction. Another aspect was the exposure to work in the rural situation, with limited facilities and treatment options, but he made sure that his work included a mixture of different procedures in order to remain stimulated. This dentist seemed to have made the most of opportunities that existed in the situation in which he had found himself at the time, therefore improving his own quality of life. He had therefore played a direct role in providing meaning to his own work situation.

The difference in Cape Town was the fact that the two dental faculties acted as referral centres, resulting in most orthodontic work being referred to these institutions, giving less exposure to the general practitioners. However, the situation varies from clinic to clinic, and currently his work includes sessions in theatre, which he thoroughly enjoys. He has also become involved in administrative affairs lately, mostly as a result of the changes taking place in the health department since the introduction of the

primary health care policy by the government. This was yet another new element which he regarded as a challenge rather than an obstacle.

The question "*what does the term job satisfaction mean to you*"? elicited a varied response, from "no stress associated with the job; eager to go to work; feeling fulfilled, rewarding in the sense that something had been achieved; it must not feel it was too much effort; rendering a service to the people who need it most" to an acknowledgement that so far he felt positive about all of the factors mentioned , thus claiming to be satisfied in his job.

In response to *"what is unique about your job situation"*, the dentist said that compared to many other clinics which are either situated in a rural or township setting, his clinic was urban-based in a good location and with a good infrastructure. However, the patient profile has changed over the last five years that he worked there. The majority of patients attending the clinic lately are from a lower socio-economic background, with a demand for pain and sepsis relief. It had a lot to do with urbanisation, and the mushrooming of informal settlements within the area. In the past the treatment given used to be fairly conservative, preventive and comprehensive, since the focus was placed on a close-knit well defined community in a fairly average income neighbourhood. However the patient profile was now so varied that the so-called 'uniqueness' in being a homogeneous community was disappearing fast, and treatment options are limited because of the increase in attendance figures, similar to what is happening in the township clinics.

The dentist stated that the clinic was forced to prioritise what was of greater importance in order to render a satisfactory service - for example seeing one patient in need of 17 fillings or seeing 17 patients with pain and sepsis within the same time slot. According to him the bottom line was to be sensitive to the needs of the community. If pain and sepsis was a major problem within a community, enough time should be allocated to address such a need, even if it was not the type of work that the dentist enjoyed

doing. Once again, he displayed a mature and realistic approach to his situation, without focusing on the negative aspects.

Does the dentist believe that his setting and facilities are the same as state clinics elsewhere? In his opinion, he was better off than many other dentists in the government service. He had enough space in his clinic, and one of the surgeries had air-conditioning. He also had very good staff to work with, although he felt that they needed an additional dental assistant. The fact that an oral hygienist was based at his clinic also made a big difference with regard to clinical workload as well as to oral health promotion. It came across in clear terms that this dentist regarded himself and the situation in which he found himself as better than most other dentists within the state department. He also seemed to appreciate that fact and it could be a factor that contributed to his motivation.

The researcher then posed the question "*do you ever feel that you compromise on the standard of dental treatment given to patients*"? The dentist felt that he was giving the best possible clinical treatment without compromising on standards. He did feel confident about this because of the vast numbers of patients returning to his clinic for follow-up treatment. He did feel that a compromise could be made with the number of patients seen and time spent per patient, but the quality of the work should not be compromised. He also felt strongly about patient needs, because he believed that no patient in discomfort should be turned away because of work volume. He thus displayed a strong ethical commitment to the service he delivered, and he was living his philosophy. Once again, he has adopted an attitude, which was conducive to increasing his own quality of life, as well as giving meaning to it.

"*What is a typical day like and how do you feel about going to work every day*"? was the next question posed . The dentist explained that the focus at his clinic was on school children whom they saw everyday, although he

spent one morning per week in theatre doing cases referred for general anesthesia. The adult patients were also seen daily for pain and sepsis, and for follow-up treatment on an appointment basis. In general he felt good about going to work on a daily basis, because he was getting excellent co-operation from the rest of the staff in providing the service.

"Do you have specific goals in place with regard to clinical work"? The dentist responded by reiterating the change in patient profile that was taking place, the prioritizing and implementation of treatment strategies to achieve some change in the health status of the community, eg. dedicating 10 % of clinical time to preventive clinical work such as the placement of fissure sealants with the objective of measuring a positive change over a 5-10 year period. He had set goals regarding his treatment programme for the community he serves, and with a realistic vision was working towards achieving his goal.

The following question was specifically asked in a broad sense, namely *the issues that the dentist regarded as important that affected his job satisfaction*. The first issue that was mentioned was having a sense of achievement, and the belief in the value of the work that you do. As stated earlier, it was important for this dentist to set goals and try to achieve them both for himself and his clinic. This was another way of giving a purpose to his daily activities.

There was a real sense of sincerity in wanting his clinical programme to be successful. He wanted his community to become more aware of oral health to the extent that they were encouraged to demand more conservative treatment. According to him dentists need to become more pro-active and not just give in to the so-called "demand for extractions" by certain members of the community. He explained that by being pro-active he meant that the public health dentist should take responsibility as the health expert to guide the patient. His biggest reward would be to see patients in his district become aware of their own health and that the current trend of the

majority of adult patients over 50 years being edentulous, could be reversed.

Probed on the issue of salary, he made it very clear that he was satisfied and had no ambition to earn a fortune. On the issue of the role of management, his view was that management as we knew them up to this point seemed resistant to change, and were not guiding staff and preparing them for the inevitable changes that still had to take place. He claimed that current managers might have good intentions but were not equipped for the task of managing change. "I know that management will not get better, that you and I will have to take the initiative", the dentist remarked.

"Your own experience lately in administrative issues, as part of the primary health care team, and working interactively with the other disciplines, do you think that it has helped you to see the future of oral health in perspective"? The dentist's answer was emphatic. "It has made me more enthusiastic about my work, and has taught me to see the bigger picture. For example, it is important to know whether your patient has access to running water and sanitation, to know the socio-economic situation, to know what the health priorities are in a community before engaging in a clinical or promotional programme. You have to see where you can slot in as part of the primary health care team to become effective". The response to this question displayed once again a sense of being realistic and mature about the changing issues which dentists of today need to deal with.

"Did you benefit by seeing this bigger picture"? The dentist replied that a lot depended on his own level of interest and level of commitment. He was aware of how important it was to liaise with the other disciplines, such as school nurses and nutritionists. He became involved with multi-disciplinary projects such as the Healthy Schools Project and it was a pleasant surprise to see that the school nurse in his area was also involved with the same poverty-stricken schools in the area. Their working

relationship was strengthened and the combined goal extends further than improving only oral health status.

The researcher then posed the following question which seem to be quite an important issue as revealed by other studies on job satisfaction, namely "*autonomy in the work place and the ability to make decisions with regard to day-to-day activities*". The dentist responded, that within the parameters of the civil service, taking into account the normal constraints, eg. limited resources, prescribed working hours etc. there was still quite a wide margin of autonomy prevailing. For instance, the daily work programme was left to the discretion of the dentist, treatment options, provision of dentures, leave arrangements were all at the discretion of the dentist, as long as it remained within reason and as long as the service was not disrupted or the budget not exceeded. In certain situations there might be too much autonomy, in that adequate monitoring by management was absent at times, and sometimes the service suffered as a result of abuse of autonomy. For instance, a dentist could unilaterally withhold certain treatment options when a real need existed such as scaling and polishing of teeth when there was no oral hygienist based at a clinic. In his opinion management should exercise some authority with regard to treatment options, and provide guidelines for treatment limitations.

"*Do you think that the quality of your social life has an effect on your job satisfaction and how you view yourself in your job*"? The dentist retorted that his personality was stronger than his house, meaning that he was not concerned about material things. He was convinced that his personality would be the same irrespective of his social status. He also stated that he did not feel the need to prove himself to anybody in order to feel good, and that for him there was life after dentistry. Work life was obviously only one aspect of life for this individual, and was influenced by his own strong philosophy that he was living out and which provided the necessary focus and purpose.

On whether he felt that *"politics may have an effect on his sense of job satisfaction"*, the answer was in the affirmative. He felt that factors in the political arena had the ability to alter the way a person could view his job in the public sector. Indirectly a change in political office could affect a person's attitude and therefore what happens in the state clinic. The influence of the public on politicians could also manipulate decisions that could affect service delivery.

"What can you as a dentist do to improve your own sense of job satisfaction"? The dentist's answer to this question was to have a goal, something to achieve. A person had to take the initiative, do the necessary planning and then work according to the plan. At the clinic where the dentist was based, the staff had a quarterly planning session and goal setting exercise, with a review at the end of the quarter. This arrangement seemed to motivate all the staff to give their best.

"What are the constraints in achieving this"? The dentist acknowledged that every situation was different , but we all share the same general constraints such as limited finances and inadequate human resources. "But you have to try! Do not look for obstacles. Keep good records of expenditure and try to stay within budget. These measures will provide you with the necessary argument when motivating for funds," the dentist advised.

"What keeps you motivated and what advice can you give others"? Once again the dentist referred to the setting of goals and his vision of making a difference in the long term. He felt that it was a question of attitude and how people perceived their contribution. A mindset change was required and a more positive philosophy should be adopted. "Challenge your critics by being able to show what you do, have the records to prove it, and no argument will hold against yours!" according to our motivated colleague.

7.2 Summary

Very early in the interview it became clear that we were dealing with an individual who led a full life, with many facets, of which his job was only one. He made it clear that he was interested in many things and was a very active person in his free time, which added value and purpose to his life.

A very interesting finding was the fact that he had chosen his career very purposefully, after having been introduced to the dental training environment as a learner at high school. What was even more interesting is the firm belief by this dentist that he has achieved the goal that he set at dental school, namely that of being a community dentist in the true sense. He also made it clear that he wanted to remain a community dentist for the duration of his career. We deal with a person who seems to have a great amount of satisfaction by finding joy in his work.

This dentist also made use of opportunities in his work situation when given the chance. This is evident from his account of his involvement in orthodontics, theatre work and the like. He seems to have taken the initiative in doing different things to provide fulfilment with regard to his work.

He relates his understanding of job satisfaction as having no stress at work, feeling fulfilled and being eager to go to work every day. He acknowledged that he could not speak for other dentists in state employ, since he was stationed at one of the better facilities. He also enjoyed staff support from a full complement of staff, including a full-time oral hygienist.

However, there was still room for improvement, because the service had been compromised due to budget cuts and increased demand. He could not provide the ideal service for the community he served. He therefore realised that it was important to identify priorities and set goals

regarding the treatment programme. It was also important to make these goals realistic and achievable, knowing the limitations he mentioned.

In addition to setting goals and achieving them, he firmly believes in what he does, contributing to his elevated sense of job satisfaction. He also displayed an affinity for community work, and his advice to his state dentist colleagues was to be more pro-active in guiding the community to better oral health. He believes that dentists have to look beyond the boundaries of oral health to be an advocate for improving the oral health of communities. He therefore sees the bigger health picture, and the role he could play in it.

On the issue of social status, this dentist felt confident about himself and did not want to live up to anybody's expectations. He claimed to be satisfied with the salary that he earned, and his reward was not measured in monetary terms, but through enjoyment and fulfilment attained.

It is obvious that this dentist believes that the key to job satisfaction is in the hand of the person doing the job, and that by adopting the correct mindset, most obstacles could be overcome. He advised that people adopt a more positive attitude, and look at themselves and the contribution they make differently. How you experience your work on a daily basis and how you give meaning to your life ultimately depends on the individual, according to this satisfied dentist.

Chapter 8: Conclusion

The findings of this study are summarised below and linked to the objectives set out in Chapter 1:

1) To establish the work related determinants of job satisfaction or dissatisfaction among dentists in state employ within the Western Cape.
2) To determine the kinds and levels of job satisfaction of state employed dentists.
3) To investigate how dentists interpret and respond to their work experiences.

Enjoying staff support at a local level was shown to be an important determinant of job satisfaction within the work environment of state dentists. The vast majority of dentists reported that they enjoyed staff support.

Almost eighty percent of dentists were unhappy with frequent equipment breakdown and the fact that prompt fixing did not take place. This was reported in both open and closed sections of the questionnaire for dentists.

The most often cited response by state dentists irrespective of an urban or rural setting was the poor stock provisioning and procurement system in operation. These needed to be improved as a matter of urgency, according to most dentists.

The vast majority of dentists find their relationship with patients satisfying, although almost two-thirds of dentists reported that patients were ungrateful for the work that state dentists do.

More than eighty percent of state dentists felt that their safety was at risk by the threat of contracting HIV or Hepatitis while working as a state dentist.

Much uniformity exists regarding remuneration, with almost eighty percent of dentists believing that the income earned was not fair for the work done, and more than two thirds of dentists reported that no incentive for improving performance existed.

Despite popular belief, many dentists feel that they can cope with the workload. It was mostly in peri-urban and rural settings that excessive workload was reported.

Many dentists (almost two-thirds) feel good about themselves, the service that they deliver, and recognise the fact that they have grown as individuals while working as a state dentist. But at least half the respondents do not look forward to their work on a daily basis. Yet, more than two-thirds of respondents do not want to change their jobs despite the belief that alternatives for employment exist. This could be interpreted as a sense of duty that prevails among state dentists and a recognition of the importance of the service that they deliver.

Recognition by patients and colleagues in private practice was perceived as negative by a large proportion of state dentists. Just over half of the respondents felt respected by senior management within the civil service. Dentists also cited poor living standards and poor social interaction with colleagues in private practice as a determinant of job dissatisfaction.

Recent changes in the health department during this period of restructuring do not seem to have had a major effect on dentists in peri-urban and rural areas. The majority of respondents claim not to know about any changes. This can be interpreted as either a lack of

interest in the restructuring process, or else a serious problem with communication displayed by health managers.

In spite of several reasons given for job dissatisfaction experienced by dentists in state employ within this province, it must be noted that generally there is a high regard by state dentists for their own skills, the quality of work they do and the sense of commitment to delivering care to needy communities. State dentists are divided almost fifty-fifty in their opinion on whether current administrative management is good, and also on their perception of management being responsive to their needs. The vast majority also felt that training opportunities kept them abreast of new developments.

In the case of the dentist in the case study, there is a definite elevated sense of job satisfaction, despite his critical commentary on managerial problems. For these reasons one can assert that, at least for some state dentists, the level of job satisfaction has not reached a critical level yet, but in certain situations it should become a priority for management to address. This is particularly the case in the rural and peri-urban settings where the most serious complaints and sense of dissatisfaction were reported.

Dentists responded in a varied fashion to the effect of their sense of job satisfaction on their performance. A large number of dentists kept the middle ground by saying that they are not affected by their own sense of satisfaction or dissatisfaction, as they regard their duty to the community as more important. Others reported that their performance was definitely affected by whether they were having a good or a bad day at work. Peri-urban and rural respondents, in particular, felt that because of their poor working conditions, their job satisfaction was negatively affected, as was their performance.

Once again, if we look at the comments by the dentist in the case study, the perceived sense of job satisfaction depends to a large extent on the individual and how he or she looks at the world. In many cases, the lot of the dissatisfied dentist can be improved by taking the initiative to make small changes that are possible, which could have huge implications for achieving satisfaction at work.

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Appendix

JOB SATISFACTION OF DENTISTS IN THE PUBLIC SECTOR IN THE WESTERN CAPE

QUESTIONNAIRE

JOB SATISFACTION SURVEY FOR DENTISTS IN THE PUBLIC SECTOR

Please complete the questionnaire below and answer the questions thereafter as clearly and comprehensible as possible in your own words.

Personal details

1. Age	years	
2. Gender	M	F
3. Ethnic/Population Group		
4. When did you qualify?		
5. Where did you qualify?		
6. In which area is your clinic situated?	Urban	Peri-Urban
7. Are you a member of any professional body (ies)	Yes	No
If yes, specify		

For each statement below, kindly indicate the number scored with a cross in the corresponding box according to the following scale: **4 = (SA) Strongly agree; 3 = (A) Agree; 2 = (D) Disagree; 1 = (SD) Strongly disagree**

A. Work environment.	**SA**	**A**	**D**	**SD**
	4	**3**	**2**	**1**
1. The staff at our clinic ease my task by working as a team.				
2. I work with weak dental auxiliary staff.				
3. My own attitude to the staff is to lead by example.				
4. I have the support of the staff at all times.				
5. Administrative management of our department is good.				
6. Communication with our administration is poor.				
7. I am coping well with recent changes in our department.				
8. I do not get on with our local matron / sister-in-charge.				
9. Our administration is not responsive to staff grievances.				
10. My dental equipment is of a good standard.				
11. Equipment breaks down too often.				
12. Equipment gets fixed promptly when it breaks down.				
13. Filling in official forms does not make my life easier.				
14. Running behind schedule is not a source of frustration.				
15. I enjoy my work environment.				

16. I find my relationship with patients satisfying.				
17. Public sector dentists risk their safety when treating certain patients.				
18. Staff safety and security is always a concern for our supervisors.				
19. My patients are always grateful for what I do.				
20. I see too many patients on one day.				
21. Dentists in the public sector are at a high risk of getting HIV/ AIDS.				
22. Dentists in the public sector are not at risk of getting Hepatitis B.				
23. Dentists in the public sector are no more at risk of contracting HIV/AIDS than private practitioners.				
24. Dentists in the public sector are no more at risk of contracting Hepatitis B than private practitioners.				
B. Security and income.	**SA**	**A**	**D**	**SD**
	4	**3**	**2**	**1**
25. My income allows me to live comfortably and provide for my needs.				
26. My income is fair for the work that I do.				
27. The salary I earn is not as important as the satisfaction gained by serving the public.				
28. A public service dentist has no incentive for improving performance.				
29. The job as dentist in the public sector is better suited to female dentists.				
30. The job as dentist in the public sector is better suited to male dentists.				
31. Female dentists are as good at dentistry as their male counterparts.				
32. Male dentists get more opportunity for promotion.				
33. Affirmative action is not a problem for dentists in the public sector				
C. Sense of achievement	**SA**	**A**	**D**	**SD**
	4	**3**	**2**	**1**
34. My job allows me adequate time for my personal life.				
35. I am too tired to do anything after hours.				
36. I find that I have grown as a person through my job.				
37. My present job allows me to make a contribution to my community.				

38. I am confident that I deliver a good service to patients.				
39. I am highly satisfied with my own efficiency in my job.				
40. Continued training opportunities keep me abreast of new developments in dentistry.				
D. Intellectual fulfillment.	**SA**	**A**	**D**	**SD**
	4	**3**	**2**	**1**
41. I set goals for myself to ensure that my duties are outcome-based.				
42. I am over-skilled for the type of work that I am performing.				
43. My job makes optimal use of my skills.				
44. I am not willing to adapt to the changing needs of the community I serve.				
45. I have no opportunity to improve my clinical skills.				
46. I have enough time to meet the demands of my work.				
47. I have enough time to do the type of work that I enjoy.				
48. My job gives me no time to be creative.				
49. I look forward to each day as a new challenge.				
50. My job fulfills my early career expectations of dentistry.				
51. I love what my job entails.				
52. I am only in this job because I have no alternative.				
53. I would like to continue with my job in the long term.				
54. I am fully equipped to prioritise the needs of my patients and adapt the treatment or service accordingly.				
E. Responsibility and recognition.	**SA**	**A**	**D**	**SD**
	4	**3**	**2**	**1**
55. I am on a good career pathway within the public sector.				
56. I get recognition for my contribution from the staff.				
57. Patients do not respect dentists in the public sector.				
58. I feel proud of my job as dentist in the public sector.				
59. I feel that I am respected by senior management.				
60. Public sector dentists are respected by private medical and dental practitioners				

Please answer the following questions as comprehensively as possible:

1. How does your level of satisfaction affect your work performance?
2. Which work-related factors do you think should be addressed to improve your job satisfaction? List the main problem areas.

3. Which are the most important non-work related factors which influence your job satisfaction? List the main problem areas.
4. How did the recent changes (for example, integration & the departure from the vertical programme structure) within the Department of Health affect your sense of job satisfaction?

5. To what extent are you dissatisfied with these changes? Please explain.
6. How do you feel about the imminent devolvement to the local authorities and how does this affect your job security if at all? Please explain.

I thank you for your time and cooperation. It is much appreciated.

Dr Sidney Bailey